

mod paperwork

UST Inspection Checklist

ICIS# 1400017707

PART I. OWNER/OPERATOR INFORMATION

1. Facility Name: Ionia Max Prison
 2. Owner: MDOC
 3. Operator: "
 5. Contact Person: Dough Thalin
 6. UST Site Phone #: 616-527-6331 x260

6. Date of Visit: 9/25/09 7. Marketer: Non-Marketer:
 8. Site Arrival/Departure (Time): 1
 9. Facility Address: 1576 Bluewater Hwy
Ionia, MI 48846
 10. Team Members: MDEC

PART II. UST SITE INFORMATION

1. Tank #:	1	2	3	4	5	6	7
2. Tank Type:	Steel						
3. Piping Type:	Steel						
4. Size of Tank:	6K	6K	3K				
5. Tank Contents:	Gas	diesel	diesel				
6. Install Date:	1986	1986	1984				
7. TTT Date:							
8. LTT Date:							
9. LD (Tank):	Vapor Monitoring						
10. LD (Pipe):	Vapor Monitoring - Suction						
11. Closure Date:	Perm ___ Temp ___	Perm ___ Temp ___	Perm ___ Temp ___	Perm ___ Temp ___	Perm ___ Temp ___	Perm ___ Temp ___	Perm ___ Temp ___
12. Spill:	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
13. Overfill:	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Type:	Ball Float						
14. CP (Tank):	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Date:	5.2.2007						
Type:	CP-Test - All passed						
15. CP (Piping):	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Date:	5.2.2007						
Type:	CP test - All passed						
16. CP Monitoring: [For all cathodic protection systems (Galvanic Anodes and Impressed Current Systems)]							
6 Mo./3 Yrs:	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Note: Monitoring conducted within six month of installation and three years after initial monitoring. [280.31(b)(1)]							
Six Months:	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Note: Monitoring conducted within six month of any repairs to UST system. [280.33(c)]							
Records:	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Note: Records on file of last two monitoring results. [280.31(d)(2)]							
17. CP Monitoring: [For Impressed Current Systems Only]							
60 Day Insp.:	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Note: System is inspected ever 60 days, involves reading and recording systems voltage and amperage. [280.31(c)]							
Records:	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Note: Records on file of last three voltage and amperage readings. [280.33(d)(1)]							

UST Inspection Checklist

PART III. RECOMMENDATION(S) & NARRATIVE COMMENTS

1. No further action is recommend/necessary: Yes ☐ No ☒

Notes: _____

2. Facility to provide info. on compliance: Yes ☒ No ☐

Notes: _____

3. Follow-up inspection recommended: Yes ☒ No ☐

Notes: by MDEQ
[If Yes, state reason(s) why.]

4. Information Request Letter (IRL): Yes ☐ No ☐ Date: _____

Notes: _____
[If Yes, A Full Narrative Report is required along with this checklist]

5. Notice of Violation (NOV): Yes ☐ No ☐ Date: _____

Notes: _____
[If Yes, A Full Narrative Report is required along with this checklist]

6. Field Citation (FC): Yes ☐ No ☐ Date: _____

Notes: _____
[If Yes, A Full Narrative Report is required along with this checklist]

7. Administrative Order (AO): Yes ☐ No ☐ Date: _____

Notes: _____
[If Yes, A Full Narrative Report is required along with this checklist]

8. Refer to State: Yes ☐ No ☐ Date: _____

Notes: _____
[If Yes, A Full Narrative Report may be required along with this checklist]

9. Financial Responsibility (FR): Yes ☒ No ☐ Expiration Date: Self Insured

10. Inspector's Remarks: _____

11. Additional Remarks/Comments: _____

- Vapor Monitoring being used for LD - tanks & piping. Facility does have log book w/ all readings going back 5 years.

- Bacharach is vapor monitoring device. % ething checking to see when last calibrated.

- Inspector will be working w/ MDOC regarding Vapor monitoring, placement of testing stations & overall compliance w/ LD method being used.

- Vapor Monitors are obsolete & out of date. DEQ will send MDOC list of vendors who he can purchase the machines from.

[Signature]
Inspector Signature

3/25/09
Date

**Great Lakes Compliance Co.
CorPreTek, Inc.**

P.O. Box 429, Carson City, MI 48811
Tel: (989) 584-6505 Fax: (989) 584-6405

07 JUN 05 AM 7:16
OFFICE

June 3, 2007

Mr. Chuck Haskins
Ionia Maximum Security Prison
1576 W. Bluewater Hwy.
Ionia, MI 48846

Reference: Cathodic Protection Survey
Ionia Maximum Security Prison
1576 W. Bluewater Hwy.
Ionia, Michigan

Gentlemen,

On May 2, 2007, CorPreTek conducted a cathodic protection survey of the above referenced facility. The purpose of this follow-up survey was to assess the effectiveness of the recently installed cathodic protection system.

According to the information provided to us, the structures intended for cathodic protection consist of (2) 6,000 gallon and (1) 3,000 gallon STIP3 underground storage tanks, with their respective metallic product piping.

Based on the field data attached, all of the tanks and product piping are cathodically protected in accordance with one of the criteria established by NACE International. Specifically, a negative (cathodic) voltage of at least 850 mV with the current applied has been achieved at each test location. We recommend all cathodic protection systems be tested on an annual basis.

We appreciate the opportunity to have provided our services to you for this project. Should you have any questions regarding any of the enclosed information, please do not hesitate to call us.

Sincerely,

CorPreTek, Inc.



Larry Brandon
President
Cathodic Protection Specialist #5001

IONIA MAXIMUM SECURITY PRISON
1576 W. BLUEWATER HWY.
IONIA, MICHIGAN
CATHODIC PROTECTION SURVEY

FIELD DATA

Surveyed by: CorPreTek (DO)

Survey date: May 2, 2007

Comments: 1. Structure-to-electrolyte potential data recorded in volts versus a portable Cu/CuSO₄ reference electrode.
2. ON = energized reading.

<u>Location</u>	<u>ON</u>
6,000 Gallon Gasoline Tank	
Endpoint	-1.32
Center	-1.26
Endpoint	-1.20
6,000 Gallon Diesel Tank	
Endpoint	-1.21
Center	-1.27
Endpoint	-1.32
3,000 Gallon Diesel Tank	
Endpoint	-1.02
Center	-0.99
Endpoint	-1.03
Gasoline Piping	-1.22
Diesel Piping	-1.22
Backup Generator Piping	-0.90



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

FACILITY INSPECTION REPORT

Owner Name & Address:

MDOC - Ionia Maximum Prison
Attn Doug Thelen
1576 W Bluewater Hwy
Ionia, MI 48846

Location of Tanks:

MDOC - Ionia Maximum Prison
1576 W Bluewater Hwy
Ionia, MI 48846-8594
County - Ionia
Facility ID - 00033665

ATTENTION: MDOC - Ionia Maximum Prison

A Records Investigation was conducted on December 3, 2009, for the above-referenced facility for compliance with Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Michigan Underground Storage Tank Rules (MUSTR), 1999 AACR 29.2101 et seq.; and the applicable sections of the rules for the Storage and Handling of Flammable and Combustible Liquids, 2003 AACR 29.5101 et seq. The inspection showed that there was no action taken by the inspector.

Two regulated underground tanks were removed from the ground on this date. No later than January 3, 2010, an amended registration form is required to Lansing, showing that the tanks have been removed. No later than January 18, 2010, the site assessment report along with the site assessment results are required to Lansing, unless a confirmed release has been reported.

The inspection and violations (if any) were discussed with Leak Petroleum at the time of the inspection.

If you have additional questions concerning this matter, please contact me.

Chad Sietsema
Hazardous Materials Storage Inspector
Grand Rapids District Office
350 Ottawa Avenue., NW - Unit 10
Grand Rapids, MI 49503-2341
Phone: (616) 356-0219
Fax: (616) 356-0202
Email: sietsemac@michigan.gov

12-4-2009

Date



